

INCOME CERTIFICATION

Property Name: _____
Move-in date: _____ Initial ☐ Recertification ☐
Effective date _____ - (Same as Lease)
Number of Persons in Household _____

Unit # _____ # of Bedroom (s) _____
(Transfer from Unit # _____)
Maximum Income Limit _____

PART I: HOUSEHOLD COMPOSITION AND INCOME – (To be completed by owner/manager)

A. Household composition

(List all members in household including minors)

Name (Last, First)	Age	Social Security #	Student (yes/no)	Child of tenant (Under 18 years) (yes/no)
A. _____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____
D. _____	_____	_____	_____	_____
E. _____	_____	_____	_____	_____

B. Asset Information

	Asset Description	Total Cash Value	Income from Assets
A.			
B.			
C.			
D.			
4.	Total Net Value of Assets	4. \$.....	
5.	Total Actual Asset Income		5. \$.....
6.	If line 4 is greater than \$5,000, multiply line 4 by passbook savings rate and enter result here; otherwise, leave blank. Passbook savings rate = _____ %		6. \$.....

C. Annual Income Information

Household Member	a. Wages/Salaries	b. Benefits/Pensions	c. Public Assistance	d. Other Income	e. Asset Income
A.					Enter the greater of lines 5 or 6 in box e.
B.					
C.					
D.					
E.					
7. Totals	a.	b.	c.	d.	e.

8. Enter total of items 7a. through 7e. This is Annual Income	8. \$.....
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PART II: HOUSEHOLD CERTIFICATION

I/We certify that the information presented in Part I of this form is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information to the Federal or State agency with oversight of the program(s), and to the Georgia Department of Housing and Community Affairs in its capacity to monitor the property's compliance with applicable program requirements. I/We understand that this certification is part of the application process and does not guarantee occupancy.

(Signature – Head of Household)

(Date)

(Signature – Co-Head of Household)

(Date)

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

PART III: ELIGIBILITY DETERMINATION**A. Type of Certification**Initial Certification ☐ Recertification ☐Unit #: _____
Household Name: _____
Annual Income: _____
(from line 8)Adjusted Income _____
(HOME Properties only – attach worksheet)**B. Applicable Programs and Income Status**

Mark the program(s) listed below (a. through d.) for which this household's unit will be counted toward the property's occupancy requirements. Under each program marked, indicate the household's income status as established by this certification/recertification.

a. LIHTC ☐

Income Status
☐ Income Eligible
☐ OI**

b. AHDP ☐

Income Status
☐ VLI
☐ VLI
☐ OI**

c. HOME ☐

Income Status
☐ VLI
☐ LI
☐ OI**

d. _____ ☐
(Name of Program)

Income Status
☐ _____
☐ _____
☐ _____

** Upon recertification, this household was determined to be over-income (OI) according to the eligibility requirements of the program(s) marked above. **Attach the Next Available Unit (NAU) form.**

C. Rental Assistance Information (If Applicable)

a. Total Rent Charged _____

b. Tenant Paid Rent: _____

c. Housing Assistance Payment _____

d. Utility Allowance (U.A.): _____

Source
(DCA/PHA /FmHA /HUD /Local Est.)
(Circle One)

PART IV: OWNER CERTIFICATION

I have verified the information presented in Part I of this form in accordance with the requirements of the programs marked in Part III-B and the provisions of any applicable deed restrictions. I possess the documentation necessary to support this certification/recertification. To the best of my knowledge, the information presented on this form is complete and accurate.

(Signature of Owner or Authorized Representative)_____
(Date)_____
(Printed Name)_____
(Printed Title)

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